	PAIENI	Effe	ctive Octo			ION RECO	JHL	•	10	81	211	44	
CLAIMS AS FILED - PART I SMALL EN (Column 1) (Column 2) TYPE										OF		R THAN ENTITY	
TOTAL CLAIMS				6		•		RATE	FEE	٦	RATE	FEE	
F	FOR NUMB			R FILED	NUMI	BER EXTRA		BASIC FE	E 385.0	OF	BASIC FEI		
T	TOTAL CHARGEABLE CLAIMS			inus 20=	• ~	6		XS 9=		7	Vess	126	
4,7				pinus 3 =	•	Ci			+	OF	` <u> </u>	1150	
М	ULTIPLE DEPE	NDENT CLAIM F				-) 		X43=	<u> </u>		X86=	744	
								+145=		OR	+290=		
•	f the differenc	e in column 1 is	less than z	ero, enter	"0" in (column 2		TOTAL		OR	TOTAL	8912	
CLAIMS AS AMENDED - PART II								OTHER THAN					
—	1	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	- 101	Minus	- 96		=5		X\$ 9=		OR	X\$18=	2500	
M M	Independent	1. 14	Minus	10		=2		X43=		OR	X882	400.00	
_	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			.145-	-	1	+290=	700.00	
		•					L	+145=		OR			
		6					A	DDIT. FEE	<u> </u>	JOR	ADDIT FEE	(50,00	
		(Column 1) CLAIMS	T	(Columi		(Column 3)			4001	1			
2		REMAINING AFTER	İ	NUMBE PREVIOL	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID FO	OR		F		FEE	ł		FEE	
	Independent	•	Minus	**		=	L	X\$ 9=		OR	X\$18=		
AMENDMEN		T PRESENTATION OF MULTIPLE DEPENDENT CLAIM		LAIM		L	X43=	•	OR	X86=			
					11101			+145=		OR	+290=		
	•					•	Ļ	TOTAL		OR	TOTAL		
		(Column 4)				·	. AI	DOTT. FEE		JON /	ADDIT. FEEL		
T	`	(Column 1) CLAIMS		(Column		(Column 3)		1	400:			1000	
		REMAINING AFTER		NUMBE PREVIOUS		PRESENT EXTRA	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
H	Tatal	AMENDMENT:		PAID FO	A		-		FEE	·		FEE	
ŀ	Total		Minus	***			L	X\$ 9=		OR	X\$18=		
L	Independent		Minus	ENDENT C	LAISE	-		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
• #	the 'Highest Nun	nber Previousty Pai	d For IN THIS	SPACE is le	ss than	20. enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
TI	tne "Highest Nur he "Highest Numi	nber Previously Paid ber Previously Paid	of For IN THIS For (Total or	5 SPACE is le Independent)	is the h	3, enter "3." ighest number (opriaté box				
										٠.			

Application or Docket Number